

Public Water Supply
BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name: _____ City: _____
PWS ID#: _____ County: _____ Region Code: _____ System Type: MC__ NN__ OC__ TN__
(Check one)
DNR Contact: _____

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)	Sampler If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy): Fax number: _____ E-mail: _____
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Sample Source: ____ D - Distribution System ____ W - Well	Sample Type (check one only): ____ D - Routine Distribution Compliance and Follow-ups ____ C - Check: Taken at same location as Unsafe Sample Unsafe Sample Collection Date: ____/____/____ Unsafe Sample ID: _____ ____ R - Repeat	____ N - New Construction ____ I - Investigation ____ W - (Raw) Water WI Unique Well No: _____ Entry Point ID: _____
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Special Instructions: _____
Collect sample between: ____/____/____ and ____/____/____

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: ____/____/____ Time: ____:____ ☐ a.m. ☐ p.m.
Address where sample was collected (example: "114 Water Street"): _____
Monitoring/Sample Plan ID and Location (example: "D-11" or "Laundry Tap"): _____
Name of Sampler: _____

Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

If your system uses continuous chlorination, the chlorine residual level at the time this sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet Code	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064	CHLORINE FREE AVAIL			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80

Laboratory Results <input type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent ____/____/____ Date PWS Notified of Unsafe <input type="checkbox"/> Invalid (Submit another Sample) <input type="checkbox"/> Old <input type="checkbox"/> Frozen <input type="checkbox"/> Overgrown <input type="checkbox"/> Lab Accident <input type="checkbox"/> Chlorine Present <input type="checkbox"/> Shipping Problem	Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <input type="checkbox"/> Colilert® <input type="checkbox"/> E*Colite® <input type="checkbox"/> Chromocult® <input type="checkbox"/> Colilert-18® <input type="checkbox"/> MI Agar <input type="checkbox"/> Coliscan® <input type="checkbox"/> Colisure® <input type="checkbox"/> ReadyCult® <input type="checkbox"/> Colitag™ <input type="checkbox"/> Other: _____ (Print Approved Enzyme Substrate Method) Comments _____ Time Received ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Laboratory Name	Date Received	Sample ID
WI Bacteriological Certification Number	Laboratory Phone Number	Date Reported to PWS

INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Compliance, Distribution, and Routine Follow-Up Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Compliance Distribution samples at the frequency specified in the approved Sampling Site Plan.
3. Collect 5 Routine Follow-up samples throughout the calendar month following the unsafe sample collection date.

Check Sample

1. Collect sample at the same location as the original unsafe sample.
2. Collect within 24 hours of notification of the original unsafe sample or within 24 hours of receiving the bottles, whichever is shorter. Do not collect samples on weekends or post office holidays.

Repeat Sample

1. Collect samples within 5 service connections upstream and downstream of the original unsafe sample, unless there is only one service connection.
2. Collect samples within 24 hours of notification of the original unsafe sample or within 24 hours of receiving the bottles, whichever is shorter. Do not collect samples on weekends or post office holidays.
3. All samples must be collected on the same day unless you have only 1 service connection. Systems with only 1 service connection may collect the samples (including the Check Sample) over a 4-day period.

New Construction, Raw Water, or Investigation Sample

1. Collect samples as needed or according to DNR staff directive.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. Send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory. Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.
2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.
3. Remove any faucet aerator, gasket, screen or hose and run the water until cold.
4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.
5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.
6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.
7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.
8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and fecal coliform/E. Coli bacteria by an enzyme substrate method, and who reports the results electronically to the Department.

For Additional Information, Contact Your Nearest DNR Office

South Central Region, Fitchburg:	(608) 275-3294	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
Southeast Region, Milwaukee:	(414) 263-8748	Northern Region, Rhinelander:	(715) 365-8900

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 or more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirements is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purposes.